CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			COVER CHEEF FG 1
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MK. EUBBY	МІ	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: C 327 E. HUISACHE SANKA	ITY: STATE; ZIP CODE JONIO 74 78212	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 734-8231	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST M.P. VIGUIL NICKNAME LAST	MI	Date Processed Date Imaged
	MESSENGER		7. To a transfer of the second
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE #: CITY: STATE: STATE: TX	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 0 4 THRO	UGH $\frac{12}{31}$	Year / o H
11 ELECTION	Month Day Year ELECTION TY	N) A	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expe Candidates are required to disclose this information of		
EXPENDITURE BY OTHER INDIVIDUALS	Name NiNE Address / PO Box; Apt. / Suite #; City; State;	Zip Code	JAN CER
additional pages	PlA		TAN P
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	the REDEZ		16ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candi e without the candidate's or officeholder's knowledge or consent. Candida if they receive notice of such expenditures. ••	date / officeholder. These expenditures ates and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	JAN CARE
	GENERAL	COMMITTEE ADDRESS	<u> </u>
	SPECIFIC		D W ERKT OF
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	33
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS), UNLESS ITEMIZED	\$ 6
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
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19 AFFIDAVIT			
	96000000000000000000000000000000000000	· · ·	perjury, that the accompanying report information required to be reported by
***************************************	Notary Public, State of My Commission & April 29, 200	of Texas \$ papers \$	faate or Øfficeholder
AFFIX NOTARY STAM Sworn to and subscri			_, this the day
	20 09 , to cer	tify which, witness my hand and seal of office.	O Fani Public tle of officer administering oath

The Instruction Guice explains how to complete this form. FILER NAME Bobby Raxe Date 5 Payses andress: City State: Zip Code AZJO4 SE Trans 43H Smithter Transmit (See instructions regarding type of information Payses address: City State: Zip Code Amount Amount Candidate / Officientoder name Office sough Candidate / Officientoder name Office	POLITICAL EXPENDITURES	Texas 78711-2070 (512) 463-5800 1-800-32
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POLITICAL EXPENDITURES	(512) 463-5800 1-800-325
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	

POLITICAL EXPENDITURES	10.77-2070	(512) 463-5800 1-800-325-
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The Instruction Guide explains how to complete this form.	IAN 18 P 3: 34	1 Total pages Schedule F:
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2 FILER NAME Johny PLANER 4 Date 5 Payee page		ACCOUNT # (Ethics Commission filers)
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